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Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 29 Total deductions taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0. Unrelated business taxable income. Subtract line 31 from line 30 32 Unrelated business taxable income. Subtract line 31 from line 30 20 0.	is in	Z22	•	iriiea on	i Schedule A and eisewhere on return		,[_228]					
Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30 32 0.	_ 1	\mathcal{C}_{2}^{23}	•		managation alone							
Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Color deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 Color deductions. Add lines 14 through 28 Color deductions (attach schedule) 29 Color deductions (attach schedule) 30 Color deductions (attach schedule) 29 Color deductions (attach schedule) 30 Color deductions (attach schedule) 30 Color deductions (attach schedule) 30 Color deductions (attach schedule) 31 Color deductions (attach schedule) 32 Color deductions (attach schedule) 31 Color deductions (attach schedule) 32 Color deductions (attach schedule) 33 Color deductions (attach schedule) 34 Color deductions (attach schedule) 35 Color deductions (attach schedule) 36 Color deductions (attach schedule) 37 Color deductions (attach schedule) 38 Color deductions (attach schedule) 39 Color deductions (attach schedule) 30 Color deductions (attach schedule) 30 Color deductions (attach schedule) 31 Color deductions (attach schedule) 32 Color deductions (attach schedule) 31 Color deductions (attach schedule) 32 Color deductions (attach schedule) 31 Color deductions (attach schedule) 32 Color deductions (attach schedule) 33 Color deductions (attach schedule) 34 Color deductions (attach schedule) 35 Color deductions (attach schedule) 36 Color deductions (attach schedule) 37 Color deductions (attach schedule) 39 Color deductions (attach schedule) 30 Color deductions (attach schedule) 30 Color deductions (attach schedule) 30 Color deductions (attach schedule) 31 Color deductions (attach schedule) 31 Color deductions (attach schedule) 30 Color deductions (attach schedule) 30 Color deductions (attach schedule) 31 Color deductions (attach schedule) 3	שׁ ל	\\\\^{\chi}			nponsation pians,				ŀ			
Excess readership costs (Schedule J) Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 27 28 29 0. 30 0. 31 Unrelated business taxable income. Subtract line 31 from line 30 32 0.	J,	, 23 Me		_	hadule I\			,	ŀ			
Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Unrelated business taxable income before net operating on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30 32 Unrelated business taxable income. Subtract line 31 from line 30 33 Unrelated business taxable income. Subtract line 31 from line 30 34 Unrelated business taxable income. Subtract line 31 from line 30	ع رم	L		•				-	ł			
Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 29 0. 30 0. 31 0. 31 0. 0.	- ₹-}	~ ₹ 7		•	•				ŀ			
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 O. 30 0. 31 0. 32 0.	_		•		•				ŀ			0
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 32 0.					_	t line of	from line 12		ŀ			
32 Unrelated business taxable income. Subtract line 31 from line 30 32 0.								•	}		ALLENA	
42 Chronico de magnetino de mante de la companya del la companya de la companya d				_		· y · , 20	io (ace manucilons)		ł		nonario Gilleria	
	(Pres)									<u> </u>	Form !	

Form 990-T	2018) MASS GENERAL BRIGHAM INCORPORATED 04-32300	35 Page 2
Part II	Total Unrelated Business Taxable Income	
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 1,400,583.
	Amounts paid for disallowed fringes	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	
	ines 33 and 34	36 1,400,583.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	
	enter the smaller of zero or line 36	1,399,583.
Part: IV		
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	293,912.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	
l	Tax rate schedule or Schedule D (Form 1041)	40
	Proxy tax. See instructions	41
	Alternative minimum tax (trusts only)	42
	Tax on Noncompliant Facility Income. See instructions	43
Part V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments	293,912.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 45a 45b	
	General business credit. Attach Form 3800	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	
	Fotal credits. Add lines 45a through 45d	45e
	Subtract line 45e from line 44	46 293,912.
	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47
	Total tax. Add lines 46 and 47 (see instructions)	48 293,912.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49 0.
	Payments: A 2017 overpayment credited to 2018	
b :	2018 estimated tax payments 516 487,038.	
c ·	ax deposited with Form 8868	1
d l	oreign organizations; Tax paid or withheld at source (see instructions) 50d	1
e i	Backup withholding (see instructions) 50e	1
f	Credit for small employer health insurance premiums (attach Form 8941)	1
g	Other credits, adjustments, and payments: Form 2439	1
	Form 4136 Other Total > 50g	
	Total payments. Add lines 50a through 50g	51 487,038.
	Stimated tax penalty (see instructions). Check if Form 2220 is attached	.52 472.
	Fax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
_/		192,654.
Part V	inter the amount of line 54 you want: Credited to 2019 estimated tax	
		Yes No
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	Yes No
	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
	nere	x
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	x
	f "Yes," see instructions for other forms the organization may have to file.	
	inter the amount of tax-exempt interest received or accrued during the tax year >\$	1 1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and camplate Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ge and belief, it is true,
Sign		
Here	IN IN IN PLANTING (QL. MAZ) N DYDG UD GROUNDED I I	y the IRS discuss this return with preparer shown below (see
	Signature of office Date Title inst	tructions)? Yes No
	Print/Type preparer's name Preparer's signature Date Check if	PTIN
Paid	self- employed	
Prepar	er	<u> </u>
Use O	le i	·
	Firm's address Phone no.	- 000 T
823711 01-0	9-19	Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	aluation N/A		 	_	·	
1 Inventory at beginning of year	1		-i	Inventory at end of year	ır		6		
2 Purchases	2		7	Cost of goods sold. St	ubtract .	line 6		T	
3 Cost of labor	3			from line 5. Enter here					
4a Additional section 263A costs				line 2			7	1	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b_			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					Х
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty	······································	
1. Description of property									
(1)									
_(2)									
(3)									
_(4)									
		ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	a than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conne ind 2(b)	cted with the income in (attach schedule)	
(2)									
(3)									
(4)									
Total	0.	Total			0.			· · - ·	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-	<u> </u>	3. Deductions directly cor to debt-finan		perty	
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	5
(1)							1		
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 8)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	ons umns
(1)	·	· · · · · · · · · · · · · · · · · · ·	+	%			+		_
(2)			1	%					
(3)				%					
(4)			1	%					
	•					inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals				•		().		٥.
Total dividends-received deductions	ncluded in columi	n 8				<u> </u>	-		0.

Schedule F - Interest, /	-indices, rioya	rties, and		Controlled O			cions	(See ins	tructions	oj
Name of controlled organizat	ne of controlled organization 2. Employer identification number 3. Net unrelated income (lose) (see instructions)			payments made		5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5 STMT 2		
(1) MASSACHUSETTS GENER	AL	·								
(2) HOSPITAL	04-156	54655	6	,259,000.		6,259,000.		6,259,	000.	6,259,000.
(3)										
(4)						· _				
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated income (see instruction		9. Total	of specified payri made	nents	10. Part of colur in the controlli gross				luctions directly connected income in column 10
(1)										
(2)										
(3)										
(4)								-		
						Enter here and	olumn (A).	Part I,	Enter he	i columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
Totals							6,259	,000.		6,259,000.
Schedule G - Investme		Section	501(c)(7	'), (9), or (⁻	17) Org	ganization				
(see insti	ructions)			2. Amount of	ıncome	3. Deduction directly conne	cted	4. Set-		5. Total deductions and set-asides
						(attach sched	ule)	(attach s	Chaudia)	(col 3 plus col 4)
(1)		-				<u> </u>		_		···
(2)										
(3)				ļ						ļ
							2214-17592	and the Columbia Chicago	telement or contraction on	
Totals			•	Enter here and o Part I, line 9, col						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	•	Income	e, Other	Than Adv	ertisin	g Income				·1
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro	penses connected oduction related s income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	nat ed	6. Exp attribute colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)		<u> </u>		<u> </u>		_				
(3)		<u> </u>								<u> </u>
(4)	Enter here and on page 1, Part I,		re and on		w .		A 86 A			Enter here and on page 1,
Totals -	line 10, col (A)		col (B).			# ## ## #		ed, i	Ľ.	Part II, line 26
Schedule J - Advertisii	ng Income (see	instruction	ns)							•
Part Income From I	Periodicals Rep	orted or	n a Cons	solidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ge cols 5 th	ol 2 minus iin, comput	5. Circulat	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									4	
(2)					**					A 102 (E. Co.
(3)										in the second
(4)				*	4. (9)	<u> </u>				W. Wester In La
Totals (carry to Part II, line (5))	>	0.	0	<u>.</u>						· 0.
		J								Form 990-T (2018)

Form 990-T (2018) MASS GENERAL BRIGHAM INCORPORATED

Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.	14.47 April 1		7.00	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	0. Directors and	The contract of the section			

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T	CONTR	RIBUTIONS SUMMARY		STATEMENT	1
QUALIFIED (CONTRIBUTIONS SUBJECT	TO 100% LIMIT			
FOR TAX TO TAX T	YEAR 2014 YEAR 2015 YEAR 2016				
TOTAL CARRY	-	345,844 TIONS	345,844		
	RIBUTIONS AVAILABLE COME LIMITATION AS AD	JUSTED	345,844	_	
EXCESS 100	CONTRIBUTIONS & CONTRIBUTIONS SS CONTRIBUTIONS	_	345,844 0 345,844	_	
ALLOWABLE (CONTRIBUTIONS DEDUCTI	ON	-		0
TOTAL CONTI	RIBUTION DEDUCTION				0-

FORM 990-T	SCHEDULE F - DEDUCTIONS OF CONNECTED WITH			STATEMENT 2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEDUCTIONS I IN COLUMN 5	PIRECTLY CONNECTED WITH INCOME	3	6,259,000.	
	- SUBTOTAL -	1		6,259,000.
TOTAL OF FOR	M 990-T, SCHEDULE F, COLUMN	5		6,259,000.

SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning OCT 1, 2018

, and ending SEP 30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0687

ENTITY

Employer identification number Name of the organization 04-3230035 MASS GENERAL BRIGHAM INCORPORATED Unrelated business activity code (see instructions) ► ALL OTHER INSURANCE RELATED ACTIVITY Describe the unrelated trade or business Partः ।ে Unrelated Trade or Business Income (B) Expenses (A) Income (C) Net 1 a Gross receipts or sales b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 1,677,906. 1,677,906. STMT 3 12 Other income (See instructions, attach schedule) 12 1,677,906. 1,677,906. Total. Combine lines 3 through 12 13

Pairill Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	_17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	121,703.
20	Charitable contributions (See instructions for limitation rules)	20	155,620.
21	Depreciation (attach Form 4562)	17	·
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	277,323.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	1,400,583.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		-
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	1,400,583.
	E. D. J. Dad attack Ask National State of State	0.5.1.1	14 (5 - 000 7) 0040

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

MASS GENERAL BRIGHAM INCORPORATED

FORM 990-T (M)	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
CFC INSURANCE INCOME		1,677,906.
TOTAL TO SCHEDULE M, PART I,	LINE 12	1,677,906.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	2
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning OCT 1, 2018 , and ending SEP 30, 2019

MASS GENERAL BRIGHAM INCORPORATED

Unrelated business activity code (see instructions)

Describe the unrelated trade or business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

► ADMINISTRATIVE AND SUPPORT SERVICES

Open to Public Inspection for

Employer identification number

04-3230035

₽.al	Till Unrelated Trade or business income	(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales 1,321,700.				
ь	Less returns and allowances c Balance	1c	1,321,700.		
2	Cost of goods sold (Schedule A, line 7)	2		國的探察和為	
3	Gross profit. Subtract line 2 from line 1c	3_	1,321,700.	経験を発売の数とで	1,321,700.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c		である。は、金融の	-
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5_			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				_
	organization (Schedule G)	9			·
10	Exploited exempt activity income (Schedule I)	10		····	
11	Advertising income (Schedule J)	11_			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	1,321,700.		1,321,700.
14	Componentian of officers directors and trustees (Schodule M			14	
14 15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	1,509,693.
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)		21	(2.55)	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			_25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	1,509,693.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				-187,993.
31	1 Deduction for net operating loss arising in tax years beginning on or after January				
	instructions)			1 31	

LHA For Paperwork Reduction Act Notice, see instructions.

32 Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

-187,993.

SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

and ending	SEP	30	2019

For calendar year 2018 or other tax year beginning - OCT $\,1\,,\,\,\,2018$

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). ENTITY 3 OMB No 1545-0687 2018

-14,424.

Employer identification number Name of the organization MASS GENERAL BRIGHAM INCORPORATED 04-3230035 525990 Unrelated business activity code (see instructions) ▶ PASSIVE INVESTMENT FLOW-THROUGH INCOME Describe the unrelated trade or business Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales **b** Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 22 779 22 779 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 -34,570 -34,570. statement) -2,633 6 -2,633. Rent income (Schedule C)

7

8

9

10

11

12

13

-14 424

ि Pairtill Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

15 Salaries	es and wages rs and maintenance		15	
	rs and maintenance			
16 Repairs			16	
17 Bad de	lebts		17	
18 Interest	st (attach schedule) (see instructions)		18	
19 Taxes a	and licenses		19	
20 Charita	table contributions (See instructions for limitation rules)		20	
21 Deprec	eciation (attach Form 4562)	21		
22 Less de	depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion	ition		23	
24 Contrib	ibutions to deferred compensation plans		24	
25 Employ	byee benefit programs		25	
26 Excess	s exempt expenses (Schedule I)		26	
27 Excess	ss readership costs (Schedule J)		27	
28 Other d	deductions (attach schedule)	SEE STATEMENT 4	28	56,426.
29 Total d	deductions. Add lines 14 through 28		29	56,426.
30 Unrelat	ated business taxable income before net operating loss deduction. Subtract	line 29 from line 13	30	-70,850.
31 Deduct	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		*	-
ınstruct	ctions)		31	
32 Unrelat	ated business taxable income Subtract line 31 from line 30		32	-70,850.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated debt-financed income (Schedule E)

Exploited exempt activity income (Schedule I)

Other income (See instructions, attach schedule)

organization (Schedule F)

organization (Schedule G)

Advertising income (Schedule J)

Total. Combine lines 3 through 12

10

11

12

Interest, annuities, royalties, and rents from a controlled

Investment income of a section 501(c)(7), (9), or (17)

Schedule M (Form 990-T) 2018

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
PASSIVE INVESTMENT FLOW-TH	ROUGH UBI EXPENSES	56,426.
TOTAL TO SCHEDULE M, PART	II, LINE 28	56,426.